

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000045927**

1. Entity Name

IRIDIUM DESIGN, INC.**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90055 017 ***150.00

Principal Place of Business

Mailing Address

227 N. MAGNOLIA AVE
SUITE 105
ORLANDO FL 32801227 N. MAGNOLIA AVE
SUITE 105
ORLANDO FL 32801-1825**C0018084**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

525 Highland Ave**525 Highland Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

59-3371550

Applied For

Not Applicable

Zip

32801

Country

Zip

32801

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDREN, WILLIAM K
227 N. MAGNOLIA AVE
SUITE 105
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

525 Highland Avenue

City

Orlando

FL

Zip Code

32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
WALDREN, WILLIAM K
227 NORTH MAGNOLIA AVE, SUITE 105
ORLANDO FL 32801TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
525 HIGHLAND AVE
ORLANDO, FL 32801TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #